

COLONIAL MANOR

1616 WEST BENDER ROAD

MILWAUKEE 53209

Phone:(414) 228-8700

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/02): 132

Total Licensed Bed Capacity (12/31/02): 218

Number of Residents on 12/31/02: 108

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census:

Corporation

Skilled

No

Yes

Yes

113

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		37.0
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years		25.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	14.8	More Than 4 Years		38.0
Day Services	No	Mental Illness (Org./Psy)	23.1	65 - 74	14.8			-----
Respite Care	No	Mental Illness (Other)	11.1	75 - 84	30.6			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	1.9	85 - 94	29.6	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.9	95 & Over	10.2	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.8		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	4.6		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	17.6	65 & Over	85.2	-----		
Transportation	No	Cerebrovascular	17.6		-----	RNs		5.9
Referral Service	No	Diabetes	3.7	Sex	%	LPNs		8.4
Other Services	No	Respiratory	6.5	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	9.3	Male	25.9	Aides, & Orderlies		
Mentally Ill	No		-----	Female	74.1			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
Level of Care			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	3	30.0	406	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.8
Skilled Care	7	70.0	281	79	87.8	123	0	0.0	0	0.0	0	2	100.0	176	6	100.0	123	0	0.0	0	94	87.0
Intermediate	---	---	---	10	11.1	102	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	10	9.3
Limited Care	---	---	---	1	1.1	89	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.9
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		90	100.0		0	0.0		2	100.0		6	100.0		0	0.0		0		108	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02								

Percent Admissions from:		Activities of		%	% Needing Assistance of		% Totally	Total		
		Daily Living (ADL)		Independent	One Or Two Staff		Dependent	Number of Residents		
Private Home/No Home Health	0.0	Bathing		0.9	67.6		31.5	108		
Private Home/With Home Health	0.9	Dressing		6.5	62.0		31.5	108		
Other Nursing Homes	9.9	Transferring		25.0	48.1		26.9	108		
Acute Care Hospitals	87.4	Toilet Use		14.8	48.1		37.0	108		
Psych. Hosp.-MR/DD Facilities	0.0	Eating		52.8	37.0		10.2	108		
Rehabilitation Hospitals	0.0	*****								
Other Locations	1.8	Continence		%	Special Treatments		%			
Total Number of Admissions	111	Indwelling Or External Catheter		8.3	Receiving Respiratory Care			10.2		
Percent Discharges To:		Occ/Freq. Incontinent of Bladder		59.3	Receiving Tracheostomy Care			0.0		
Private Home/No Home Health	16.8	Occ/Freq. Incontinent of Bowel		30.6	Receiving Suctioning			0.0		
Private Home/With Home Health	10.9				Receiving Ostomy Care			0.9		
Other Nursing Homes	6.7	Mobility			Receiving Tube Feeding			0.9		
Acute Care Hospitals	25.2	Physically Restrained		0.0	Receiving Mechanically Altered Diets			36.1		
Psych. Hosp.-MR/DD Facilities	0.8				Other Resident Characteristics					
Rehabilitation Hospitals	0.0	Skin Care			Have Advance Directives			93.5		
Other Locations	7.6	With Pressure Sores		2.8	Medications					
Deaths	31.9	With Rashes		0.9	Receiving Psychoactive Drugs			27.8		
Total Number of Discharges (Including Deaths)	119	*****								
Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities										

		This Facility %	Ownership: Proprietary Peer Group % Ratio		Bed Size: 200+ Peer Group % Ratio		Licensure: Skilled Peer Group % Ratio		All Facilities % Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds		51.3	81.9	0.63	80.4	0.64	84.2	0.61	85.1	0.60
Current Residents from In-County		100	83.1	1.20	83.5	1.20	85.3	1.17	76.6	1.30
Admissions from In-County, Still Residing		36.0	18.8	1.92	25.1	1.43	21.0	1.71	20.3	1.77
Admissions/Average Daily Census		98.2	182.0	0.54	101.8	0.97	153.9	0.64	133.4	0.74
Discharges/Average Daily Census		105.3	180.8	0.58	107.7	0.98	156.0	0.68	135.3	0.78
Discharges To Private Residence/Average Daily Census		29.2	69.3	0.42	34.2	0.85	56.3	0.52	56.6	0.52
Residents Receiving Skilled Care		89.8	93.0	0.97	89.6	1.00	91.6	0.98	86.3	1.04
Residents Aged 65 and Older		85.2	87.1	0.98	90.9	0.94	91.5	0.93	87.7	0.97
Title 19 (Medicaid) Funded Residents		83.3	66.2	1.26	68.5	1.22	60.8	1.37	67.5	1.24
Private Pay Funded Residents		1.9	13.9	0.13	18.7	0.10	23.4	0.08	21.0	0.09
Developmentally Disabled Residents		0.0	1.0	0.00	0.7	0.00	0.8	0.00	7.1	0.00
Mentally Ill Residents		34.3	30.2	1.13	38.5	0.89	32.8	1.04	33.3	1.03
General Medical Service Residents		9.3	23.4	0.40	16.9	0.55	23.3	0.40	20.5	0.45
Impaired ADL (Mean)		53.9	51.7	1.04	52.1	1.03	51.0	1.06	49.3	1.09
Psychological Problems		27.8	52.9	0.53	54.1	0.51	53.9	0.52	54.0	0.51
Nursing Care Required (Mean)		6.5	7.2	0.90	7.7	0.84	7.2	0.90	7.2	0.90